

Update on the Medical Training and Geriatrics Branch section 747 Programs

The Advisory Committee on Training in Primary Care
Medicine and Dentistry
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Medical Training and Geriatrics Branch Programs

Geriatrics

- Geriatrics Workforce and Enhancement Program

Primary Care

- **Primary Care Training and Enhancement**
- **Academic Units in Primary Care Training**

Preventive Medicine

- Preventive Medicine Residency

Integrative Medicine

- National Center for Integrative Primary Healthcare

National Research Service Awards



Primary Care Training and Enhancement (PCTE) Purpose

To strengthen the primary care workforce by supporting enhanced training for future primary care clinicians, teachers and researchers promoting primary care practice in rural and underserved areas



Authorizing Statute

Section 747(a) of the Public Health Service (PHS) Act (42.U.S.C. 293k(a)), as amended by Section 5301 of the Patient Protection and Affordable Care Act (ACA) (P.L. 111-148)



Eligible Applicants

- Eligible entities include accredited public or nonprofit private hospitals, schools of allopathic or osteopathic medicine, academically affiliated PA training programs, or a public or nonprofit private entity that the Secretary has determined is capable of carrying out such grants
- Tribes and Tribal organizations are eligible to apply for these funds so long as they can carry out such grants and meet all eligibility requirements



PCTE Grant Program Primary Focus Area

To produce primary care providers who will be well prepared to practice in and lead transforming health care systems aimed at improving access, quality of care, and cost effectiveness



Characteristics of Transformed Health Care Delivery Systems

- Providers across the care continuum participate in integrated delivery models
- Care is coordinated across all providers and settings
- A high level of patient engagement
- Providers leverage the use of HIT to improve quality
- Population health measures are integrated into the delivery system

CMS State Innovation Models Cooperative Agreement

<http://innovation.cms.gov/Files/x/StateInnovationRdTwoFOA.pdf>



Primary Care Training and Enhancement Evolution of Programs

Prior to FY 2015

- Academic Administrative Units in Primary Care Training
- Physician Faculty Development in Primary Care
- Pre-Doctoral Training in Primary Care
- Physician Assistant Training in Primary Care
- Interdisciplinary and Interprofessional Joint Graduate Degree

2015 and 2016

- Primary Care Training and Enhancement merger
- New Academic Units in Primary Care Training



Primary Care Training and Enhancement (PCTE)

Focus

Training for transforming healthcare systems, particularly enhancing the clinical training experiences of trainees.

Collaboration

Offered a higher funding ceiling for projects that train across training levels and include more than one primary care profession

Evaluation

- Must propose evaluation around graduate career choices and patient access, quality of care, and cost effectiveness in the clinical training environment
- Must incorporate continuous quality improvement



Summary of Funding

- Anticipated total annual funding: \$14,937,979
 - Subject to appropriation of funds, approximately \$15 million is expected to be available annually over the five year project period
- Project Period: Federal FYs 2016-2020 (7/1/16 – 6/30/2021)
- Estimated number of grant awards: Up to 37
- Estimated Award Amount:
 - Single Project – up to \$250,000 per year
 - Collaborative Project – up to \$500,000 per year
- At least \$1.8 million will be awarded to programs that provide training to PA students, faculty, or practicing PAs



Use of Funds

- Provide training experiences in new competencies as recommended by the Advisory Committee on Training in Primary Care Medicine and *Dentistry—including training in integrated care with other health professionals, in interprofessional teams that include diverse professions outside of medicine and dentistry, in team-based practice models such as the Patient-Centered Medical Home, and in leading practice transformation*
- Provide training in the field of family medicine, general internal medicine, or general pediatrics for medical students, interns, residents, or practicing physicians
- Provide training to physician assistant students
- Train physicians who plan to teach in family medicine, general internal medicine, or general pediatrics
- Train physicians or physician assistants teaching in community-based settings



Use of Funds

- Operate joint interdisciplinary and interprofessional graduate degree programs in public health
- Provide need-based financial assistance in the form of traineeships and fellowships to students, residents, practicing physicians or other medical personnel, who are participants in any such program and who plan to work, teach, or conduct research in family medicine, general internal medicine, or general pediatrics



PCTE Evaluation Contract

Purpose:

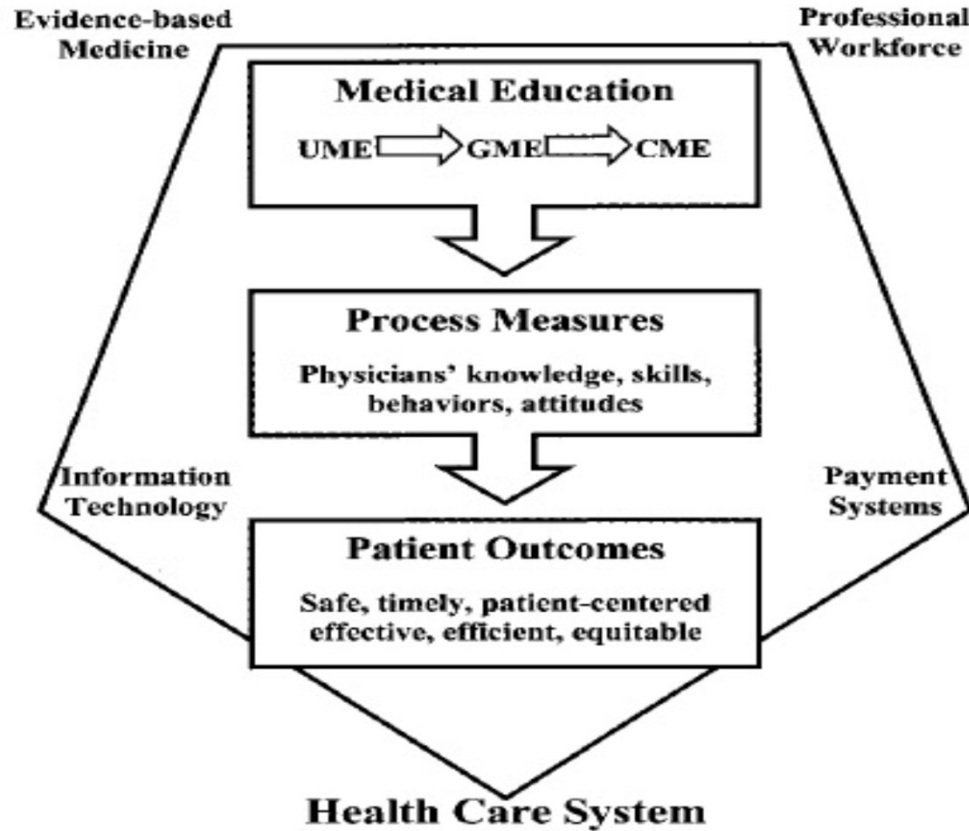
- Assist federal grant recipients in developing graduate outcomes and program activities that improve patient access, quality of care, and cost effectiveness within the clinical training environment

Scope of Work

- Conduct a Literature Review of outcome measures, evaluation methods, and available tools for workforce development programs
- Conduct site visits to understand the range of:
 - focus and activities of PCTE awardees
 - capacity to do evaluation
 - And collect information on evaluation methods and tools
- Develop an evaluation toolkit
- Provide direct TA to the next cohort of PCTE awardees to enhance evaluation



Health Care System



Academic Medicine.2004;79:955-960

PCTE Program Highlights

- Training for Health Care Systems Transformation
- Academic Community Partnerships
- Training in Social Determinants of Health
- Placement of Trainees in Medically Underserved Areas
- Collaborative Projects
 - Range of Interprofessional Activities



Academic Units in Primary Care Training Purpose

The purpose of the AU-PCTE program is to establish, maintain, or improve academic units or programs that improve clinical teaching and research in the fields of family medicine, general internal medicine, or general pediatrics in order to strengthen the primary care workforce



Authorizing Statutes

This program is authorized by Title VII, Section 747(b)(1)(A) of the PHS Act, as amended by section 5301 of the Affordable Care Act (P.L. 111-148)

The focus of this authority is on improving the Nation's access to well-trained primary care providers by improving clinical teaching and research in primary care training



Eligible Applicants

Eligible entities include accredited schools of allopathic or osteopathic medicine



Summary of Program Funding

- Anticipated total annual available funding: \$4,500,000
- Estimated number of awards: 6 cooperative agreements
- Award amounts: up to \$750,000 per year including indirect costs
- Project Period: July 1, 2016 through June 30, 2021 (5 years)



Intent of the Funding Opportunity

To develop national centers for systems level research, dissemination, and communities of practice in each of the focus areas described in the Funding Opportunity Announcement (FOA)



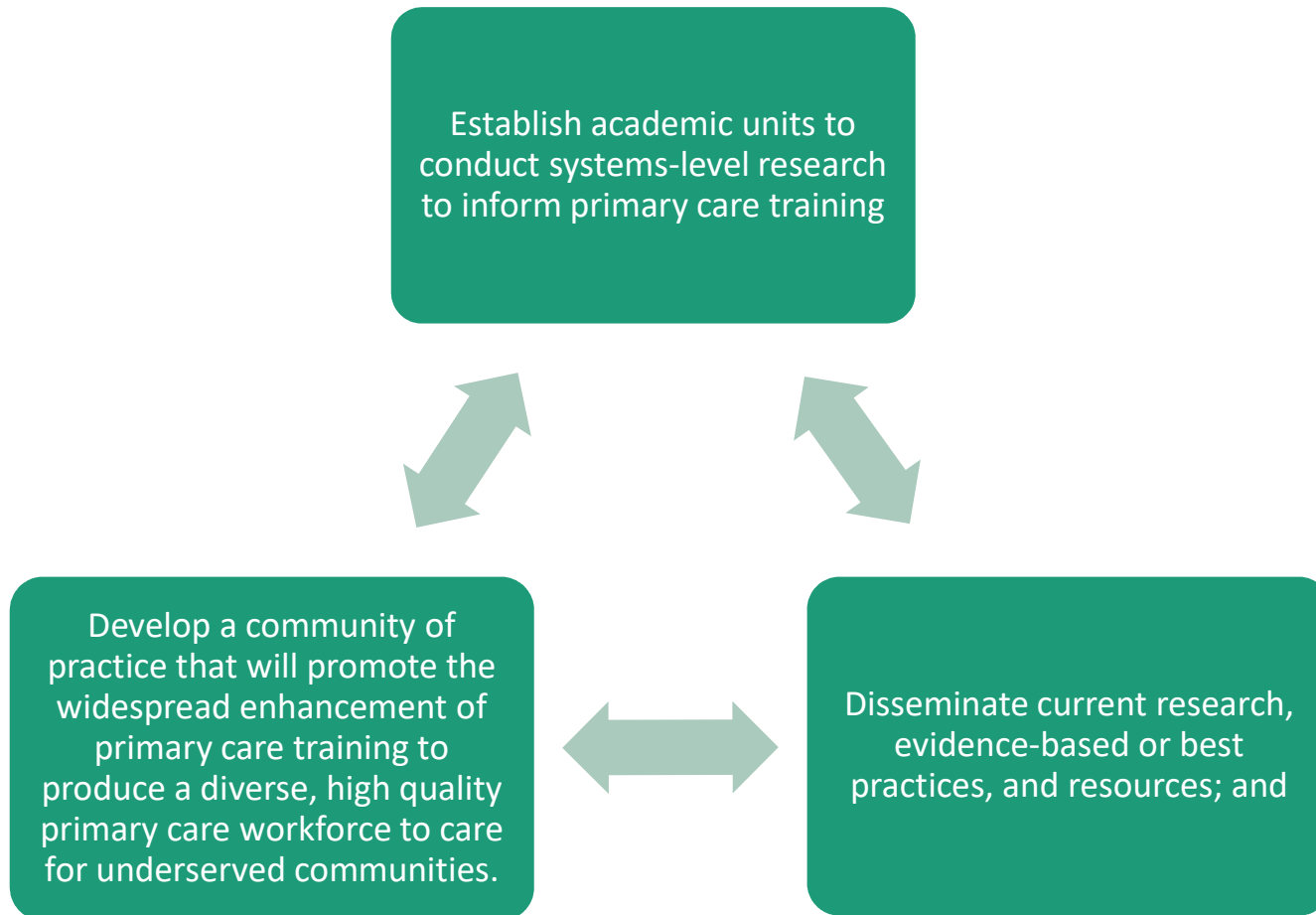
AU-PCTE Six Focus Areas

Up to 6 AUs will be funded. HRSA plans to fund one in each of the following 6 focus areas:

1. Integrated behavioral health and primary care
2. Integrated oral health and primary care
3. Health workforce diversity
4. Training for rural practice
5. Addressing the social determinants of health
6. Training for the needs of vulnerable populations



Academic Units in Primary Care Training Required Activities



What is Primary Care Research?

Primary care research informs a wide range of issues related to primary care practice and policy, including the quality, costs, and outcomes of primary care; patient-provider communication; generalist-specialist issues; workforce issues; and access to care, including disparities in care. The characteristics of primary care research include¹:

- Grounding in both clinical and social sciences;
- Emphasis on the complexities of conducting research in real-world settings and use of secondary data;
- Focus on disseminating key research findings back into real-world practice and policy, and encouraging their implementation;
- Addressing services that are often ignored in other medical or health services research, including mental health, dental, social, and enabling (e.g., outreach) services;
- Emphasis on chronic care, acute care, or preventive care, in some cases; and
- Studies of lifestyles and risk factors, as well as ways to change health behaviors.



Agency for Healthcare Research and Quality. Overview: Center for Primary Care Research.
Retrieved from <http://archive.ahrq.gov/about/cpcr/cpcrover.htm>

Funding Preferences

- Qualification 1. Establishing or substantially expanding an academic unit in family medicine, general internal medicine, or general pediatrics
- Qualification 2: Medically Underserved Community (MUC). Pages 26-27 of the FOA for instructions for calculation
 - High Rate
 - Significant Increase
- Qualification 3: New Program



Funding Priorities

Partnering

- **Priority 1:** Collaborative Projects Between Academic Units, must be from medical schools with separate accreditation
- **Priority 2:** Interprofessional Collaborative Projects, must include departments from at least two of the following professions: primary care physicians, physician assistants, nurse practitioners, dentists, mental health providers, pharmacists, and other allied health professionals
- **Priority 3:** Joint Applications with Federally Qualified Health Centers, Rural Health Clinics, Area Health Education Centers, or clinics that serve underserved populations



Funding Priorities (Cont.)

Training Outcomes

- **Priority 4:** Primary Care Retention, focuses on the number of graduates who enter into and remain in primary care fields
- **Priority 5:** Diversity, focuses on the medical school's track record of training individuals from underrepresented minority groups or from rural or disadvantaged backgrounds



Questions?

